



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINERAL MINING
900 Natural Resources Drive, Ste. 400
Charlottesville, VA 22903
(434) 951-6310

ACCIDENT REPORT

Company/Mine Name _____

DMM Permit No. _____ MSHA ID _____

Accident Date _____ Time _____ Shift _____

County _____ Telephone No. _____

Contractor Employee: ☐ Yes ☐ No

Contractor Name _____ DMM Contractor No. _____

Address _____ Telephone No. _____

Type: ☐ Medical Treatment ☐ Serious Injury ☐ Fatality

Name of Injured _____ Age _____

GMM Certification Number _____ Date of Birth _____

Regular Occupation _____ Total Experience (yr/mo) _____

Occupation at Time of Accident _____ Experience (yr/mo) _____

Location of Accident: ☐ Mine/Pit ☐ Crushing/Processing ☐ Shop

☐ Load out/Stockpiles Other (specify) _____

Type of Equipment Involved: ☐ Mobile Equipment ☐ Mine Drill

☐ Crushing ☐ Screening ☐ Conveyors ☐ Bins/Hoppers

☐ Walkways/Platforms/Ladders ☐ Welding/Cutting ☐ Hand tools

☐ Other (specify) _____

Body Part Injured: ☐ Eyes ☐ Head ☐ Hand ☐ Arm ☐ Foot ☐ Leg

☐ Back ☐ Neck ☐ Chest ☐ Other (specify) _____

Nature of Injury _____

Brief Description of Accident _____

Preventive Measures Taken _____

Person Completing Form _____ Date Completed _____

Title _____ Phone Number _____